

# Withdrawal - Qualified Domestic Relations Order (QDRO)

### Important information about this form

- As the alternate payee and/or the participant, you complete Section 1 - 6 and return it to the Plan Representative.
- As the Plan Representative, you review page 1, 2 and 3, and complete page 3 of this form.
- Fax the completed form to our toll free number **1-866-377-9577**
- Your plan may require you to provide supporting documents or additional information before the request can be processed.
- A 1099R form will be issued by January 31 of the following year.

## 1 General Information

<b>The Trustee of</b>	<b>Plan</b>				
Contractholder Name (Name of Employer)	Contract Number				
Participant Name (Last Name, First Name, Initial)	Date of Birth				
	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Month</td> <td style="width: 25%; border-bottom: 1px solid black;">Day</td> <td style="width: 25%; border-bottom: 1px solid black;">Year</td> <td style="width: 25%; border-bottom: 1px solid black;">Participant Social Security Number</td> </tr> </table>	Month	Day	Year	Participant Social Security Number
Month	Day	Year	Participant Social Security Number		
Alternate Payee Name (Last Name, First Name, Initial)	Alternate Payee Social Security Number/TIN				
Alternate Payee Address - Street Address, City, State, Zip Code					

## 2 What is the reason for your withdrawal?

- QDRO** - alternate payee is a **spouse** (Eligible for Rollover)
  **QDRO** - alternate payee is a **non-spouse** (Not eligible for Rollover)

## 3 How much do you want to withdraw?

### Withdraw a portion of the funds in the plan as follows:

Tell us how much to withdraw from each eligible money type. Completing the Investment Fund Code is not mandatory. If the Investment Fund Code is left blank, John Hancock Retirement Plan Services' standard withdrawal order will be used.

Amount	Money Type (Mandatory)	Investment Fund Code (Optional)
\$		
\$		
\$		

#### 4 What do you want to do with your money?

**For a Spousal alternate payee**, you may select option A, B or C.

If payment is to be made to a **spousal alternate payee** Federal law requires that 20% of the taxable amount of an eligible rollover distribution be withheld, unless payment is directly rolled over to an eligible retirement plan. The amount withheld may not represent your entire tax bill. The above mandatory tax withholding requirements do not apply if the eligible rollover distribution is being rolled over to a Roth IRA. The rollover will be reported to the IRS and you are responsible for the payment of the income tax(es) that apply in connection with the rollover.

**For a Non-spousal alternate payee**, you may only select option C.

Federal Tax will not be withheld from the withdrawal. The participant is liable for payment of Federal income tax on the taxable portion of the withdrawal. The distribution may also be subject to tax penalties under the estimated tax payment rules if payments of estimated tax and withholding, if any, are not adequate.

Contact your tax advisor or Plan Administrator if you have any questions.

**To split your withdrawal into multiple options, check here  and complete a separate form for each option.**

**A - Direct Rollover to John Hancock IRA  (minimum \$2500 balance required)**

**OR**

**Other IRA**

Financial Institution Name

Financial Institution Address

Options - Check one option only and provide IRA Account Number if available	✓	IRA Account Number
1. All funds to my Traditional IRA Account (applicable only if your distribution contains only non-Roth funds)		
2. All funds to my Roth IRA (both Roth and non-Roth funds as applicable)		
3. Split of: (provide both account numbers) <b>AND</b> My non-Roth funds to my Traditional IRA		
My Roth funds to my Roth IRA		

**B - Direct Rollover to Qualified Plan**

**The Trustee of**

Plan Name

Plan Account Number

Financial Institution Name

Financial Institution Address

**C - Payment directly to alternate payee**

**Federal Tax**

**For a Spousal alternate payee** the distribution is subject to 20% mandatory federal tax withholding for a U.S. person (including a U.S. resident alien). Specify a whole number between 20-99 if you want more tax taken. \_\_\_\_\_ %

**For a Non-spousal alternate payee** No taxes will be withheld. Payment is taxable to the participant.

**OR**

I am not (or, in the case of payment to a non-spousal alternate payee, the participant is not), a U.S. person (including a U.S. resident alien). Unless I have attached a completed IRS Form W-8BEN, withholding federal tax of 30% will apply.

#### State Tax Withholding Instructions

State of Residence  Enter recipients' state of residence at time of withdrawal if state tax withholding should be taken for a state other than the state provided to us.

#### State of Residence

AR, DE, IA, KS, ME, MD, MA, NC, NE, OK, VT, VA

#### Options for State Tax Withholding

You may not opt out. Since your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the states' applicable minimum requirements.

CA, OR

You may opt out of the mandatory state withholding by checking here.

AL, AZ, CO, CT, DC, GA, HI, ID, IL, IN, KY, LA, MI, MN, MS, MO, MT, NJ, NM, ND, OH, PA, RI, SC, UT, WV, WI

You may elect voluntary state income tax withholding by providing a percentage or dollar amount to be applied for state tax withholding below.

\_\_\_\_\_ % **or** \$ \_\_\_\_\_

## 5 How would you like the funds to be sent?

If you have selected a direct rollover to a John Hancock IRA you do not need to complete this section.

**Electronic Fund Transfer** - Mandatory for distribution amounts over \$50,000.

Direct Deposit - If this is a payment directly to me, my personal bank account is  Checking **OR**  Savings

**OR**

Wire - Verify with receiving bank if they accept wires and/or charge a fee.

**To** \_\_\_\_\_  
**OR** Bank Name Bank ABA/Routing (9 digits) Bank Account No.

**Check** - Only available for distribution amounts less than \$50,000. (Allow 5 - 7 business days for postal service delivery.)

## 6 Alternate Payee/Participant Signature (Signature of Participant if payment is made to a non-spousal alternate payee)

For alternate payee under a contract issued by John Hancock Life Insurance Company of New York, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claims for each such violation. For all other states, civil penalties may apply.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (Social Security Number), and
2. I am a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 C.

\_\_\_\_\_  
Signature of Alternate Payee/Participant Name Date

Below is to be completed by Plan Representative.

## 7 Withdrawal Details

### IRS Distribution Code

The applicable IRS distribution code will be based on the type of distribution.

Code B will be included with the applicable code if the distribution includes Designated Roth contributions and the combination is valid.

## 8 Third Party Administrator (TPA) Withdrawal Fee

\$ \_\_\_\_\_ **OR** \_\_\_\_\_ %  
Flat Fee Amount Percentage of Invested Balance

John Hancock Retirement Plan Services is not responsible for any uncollected fee amounts as a result of insufficient funds. These shortages will be reported on the transaction and summary confirmations.

**No Fee will be applied if this section is not completed.**

## 9 Authorized Plan Representative Signature

If the alternate payee/participant fails to sign Section 6 - Alternate Payee/Participant Signature (page 3 of this form), the Authorized Plan Representative below certifies, under penalties of perjury, that based on the plan sponsor's record, (i) the number shown on this form is the correct taxpayer identification number (Social Security Number) of the alternate payee and that the alternate payee is a U.S. person (including a U.S. resident alien) unless indicated otherwise in Section 4 C.

I certify that all the above information is complete and correct, that the required alternate payee elections and consent have been properly obtained, and that the funds being withdrawn are not for the purpose of prohibited transactions as defined in IRC Sec. 4975. I also certify that all necessary and applicable information required to be furnished to the Alternate Payee and an explanation of the direct rollover option and related tax rules required by IRC Sec. 402 have been provided. I also certify that, if applicable, the Alternate Payee has waived the 30-day waiting period.

I hereby direct John Hancock Retirement Plan Services to pay to the Third Party Administrator currently on record the above referenced fee (if applicable). I understand that this fee will be deducted from the participant's account balance at the time of the distribution using standard withdrawal protocol, and will be held in the general business account of John Hancock Retirement Plan Services until paid to the Third Party Administrator. I hereby represent that this fee is in accordance with the fee schedule that has been approved by the plan's trustee or named fiduciary as reasonable and authorized under the terms of the plan.

On behalf of the Plan sponsor, the Plan and its related trust, and the Plan Trustee or named Fiduciary, I further agree to indemnify and hold harmless John Hancock Retirement Plan Services, its employees, agents, directors, and officers from any liability, penalties, and taxes that may be incurred as a result of the requested distribution giving rise to one or more prohibited transactions or for implementing requests (including, if applicable, a direct rollover request) based solely on the instructions provided on this form, or if any of the certifications provided on this form are incorrect.

\_\_\_\_\_  
Signature of Authorized Plan Representative Name Date